

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

INDEPENDENT WOMEN'S VOICE

(b) Address (number and street) ☐ check if different than previously reported

4400 JENNIFER STREET NW SUITE 240

(c) City, State and ZIP Code

WASHINGTON

DC

20015

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001572

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

(b) Communication Title IWV Dr. Eck MO Project

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Stacy Chin

(b) Address (number and street)

4400 Jenifer Street

(c) City, State and ZIP Code

Washington

DC

20015

(d) Name of Employer or Principal Place of Business

Independent Women's Voice

(e) Occupation

Vice President of Operations &amp; Admin.

### 9. Total Donations This Statement

60240.00

### 10. Total Disbursements/Obligations This Statement

60240.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Heather Higgins

SIGNATURE Electronically Filed by Heather Higgins

DATE 09/22/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.